

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON

Keith Anderson
(Name of Plaintiff)

3:15-cv-05414-BHS-DWC

vs.

CIVIL RIGHTS COMPLAINT
BY A PRISONER UNDER 42
U.S.C. § 1983

Kitsap County Jail et al

(Names of Defendant(s))

I. Previous Lawsuits:

A. Have you brought any other lawsuits in any federal court in the United States while a prisoner?:

☒ Yes ☐ No

B. If your answer to A is yes, how many?: 1. Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff: Keith Anderson

Defendants: City of Bremerton et al

5/6/11

2. Court (give name of District): pending
3. Docket Number: pending
4. Name of judge to whom case was assigned: pending
5. Disposition (For example: Was the case dismissed as frivolous or for failure to state a claim? Was it appealed? Is it still pending?):

6. Approximate date of filing lawsuit: _____
7. Approximate date of disposition: _____

II. Place of Present Confinement: _____

- A. Is there a prisoner grievance procedure available at this institution? ☐ Yes ☒ No
- B. Have you filed any grievances concerning the *facts* relating to this complaint?
☐ Yes ☐ No

If your answer is NO, explain why not:

- C. Is the grievance process completed? ☐ Yes ☐ No

If your answer is YES, ATTACH A COPY OF THE FINAL GRIEVANCE RESOLUTION for any grievance concerning facts relating to this case.

III. Parties to this Complaint

- A. Name of Plaintiff: Kitsap County Jail et al
- Address: _____

(In Item B below, place the full name of the defendant, his/her official position, and his/her place of employment. Use item C for the names, positions and places of employment of any additional defendants. Attach additional sheets if necessary.)

- B. Defendant: _____ Official Position: _____
- Place of employment: Kitsap County Jail

C. Additional defendants Conmed and Johnson, McKeay
law firm

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates, places, and other persons involved. Do not give any legal arguments or cite any cases or statutes. If you allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.)

Failure to provide adequate
medical care,

#

70811

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

To represent defendants

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 16 day of July 20 15.



(Signature of Plaintiff)

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NAMES AND ADDRESSES OF DEFENDANT(S)

Please list the names and addresses of all defendants on this form.

DEFENDANT(S) NAME:	ADDRESS:
Kitsap County Jail	
Conmed	